



Request for Authorization Under the General Permit for Diversion of Water for Consumptive Use

For the following “*Authorization Required*” categories:

Withdrawal of up to 250,000 gpd - Surface Water / Stratified Drift Aquifer
Withdrawal of up to 250,000 gpd – Bedrock Aquifer
Interconnection and Transfer of Up to 1,000,000 gpd

NOTE: For any “Reauthorization” activity, use the form entitled Request for
Reauthorization Under the General Permit for Diversion of Water for Consumptive Use

Notice to Requesters: Please complete this form in accordance with the instructions (DEP-IWRD-INST-012) to ensure the proper handling of your request for authorization. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the applicable fee with this form.

DEP USE ONLY

App. No. _____

Co./Ind. No. _____

Notice to Municipal Agencies: This is a request for authorization submitted to the Department of Environmental Protection (DEP) pursuant to CGS section(s) 22a-6 and 22a-378a (Diversion of Water) and provided to you by the requester as notice of their filing pursuant to 22a-378a(d). In accordance with such sections, the municipal agencies listed in Part VIII of this request for authorization and any other person, may submit written comments to DEP concerning the activities described herein no later than **thirty-five days** after the date this request for authorization was submitted to such agencies or DEP, whichever date is later. **All correspondence regarding this request for authorization must identify the name of the requester and the name of the general permit.** No activity is authorized under this general permit unless it is approved, in writing by the Commissioner of DEP.

Submit comments to: INLAND WATER RESOURCES DIVISION
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Call the Inland Water Resources Division General Permit Program should there be any questions: 860-424-3019 or 860-424-3706, Monday through Friday, except holidays, from 8:30am to 4:30pm.

Part I: Requester Information

Fill in the name of the applicant(s)/requester(s) as indicated on the *Permit Application Transmittal Form* (DEP-APP-001):

Applicant/Requester:

Mailing Address:

City/Town:

State:

Zip Code:

Phone:

ext.:

Fax:

E-mail:

Contact Person:

Title:

☐ Check here if there are co-registrants. If so, label and attach additional sheet(s) to this sheet with the required information.

Part II: Eligible Diversion Activity and Fee Information

Check the appropriate box to indicate the proposed activity for which authorization is required. Refer to Section 3a of the *General Permit for Diversion of Water For Consumptive Use – "Authorization Required"* (DEP-IWRD-GP-012) for a description of these activities. There may be multiple proposed activities occurring at one site. A separate request form is required for each eligibility category below and for eligible activities proposed at other sites. **The fee for municipalities is 50% of the listed rates.**

Eligible Diversion Activity*	Fee
<input type="checkbox"/> Withdrawal of up to 250,000 gpd – Surface Water or Stratified Drift	\$2500.00
<input type="checkbox"/> Withdrawal of up to 250,000 gpd – Bedrock Aquifer	\$2500.00
<input type="checkbox"/> Interconnection and Transfer of Up to 1,000,000 gpd	\$2500.00

* as described in Section 3a of the *General Permit for Diversion of Water For Consumptive Use "Authorization Required"*

Part III: Associated Party Information

1. List primary contact for departmental correspondence and inquiries, if different than the requester.			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Phone:	ext.:	Fax:	
E-mail:			
Contact Person:	Title:		
2. List attorney or other representative, if applicable.			
Firm Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Phone:	ext.:	Fax:	
E-mail:			
Attorney:			
3. Owner of the property or facility, if different than the requester:			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Phone:	ext.:	Fax:	
E-mail:			
Contact Person:	Title:		
Requester's interest in the subject property:			
<input type="checkbox"/> option holder	<input type="checkbox"/> lessee	<input type="checkbox"/> other (specify):	

Part III: Associated Party Information (continued)

4. List consultant(s) employed or retained to assist in preparing the request for authorization or in designing or constructing the activity.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Phone:

ext.:

Fax:

E-mail:

Contact Person:

Title:

Service Provided:

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Part IV: Site Information

1. **Site Location:**

- a. Name of facility, if applicable:

Street Address or Description of Location:

City/Town:

State:

Zip Code:

- b. Submit a Location Map as Attachment A. Refer to Section 4(c)(2)(A)(xii) of the *General Permit for Diversion of Water For Consumptive Use "Authorization Required"* for location map requirements.

- c. Latitude and Longitude of the location of the point of withdrawal in *degrees, minutes, and seconds as derived from a global positioning system (GPS)*:

Latitude:

Longitude:

- d. The site is located in basin number(s):

(Refer to the Connecticut Geological and Natural History Survey's map entitled "Natural Drainage Basins in Connecticut, 1981", as amended for basin delineation and nomenclature)

2. **Wetlands and Watercourses.**

Name of any wetlands or watercourses located in the vicinity of the subject activity:

3. **Public Water Supply Watershed.**

Is the subject activity located in a public water supply watershed? ☐ Yes ☐ No

If yes, provide the name of the water utility:

Part IV: Site Information (continued)

4. Aquifer Protection.

- a. Is the subject activity located in an Aquifer Protection Area as delineated on DEP approved aquifer protection maps? ☐ Yes ☐ No
- b. If no, is the subject activity within 3,000 feet of and in the same subregional basin as an Aquifer Protection Area? ☐ Yes ☐ No
- c. If yes is indicated at 4a or 4b above, include a statement signed by a duly authorized representative of the water company operating that Aquifer Protection Area, as required by Section 4(c)(2)(xvi) of the General Permit for Diversion of Water for Consumptive Use – “Authorization Required” (DEP-IWRD-GP-012), as Attachment F.

5. Coastal Consistency.

Is the activity that is the subject of this request located within the coastal boundary as delineated on DEP approved coastal boundary maps? ☐ Yes ☐ No

If yes, you must submit a *Coastal Consistency Review Form* (DEP-APP-004) with your registration as Attachment C.

Form available at: <http://www.ct.gov/dep/permits&licenses>

6. Listed Species/Communities.

Is the subject activity located within an area identified as a habitat for endangered, threatened or special concern species as identified on the "State and Federal Listed Species and Natural Communities Map"? ☐ Yes ☐ No Date of Map:

If yes, complete and submit a *Connecticut Natural Diversity Data Base (CT NDDDB) Review Request Form* (DEP-APP-007) to the address specified on the form.

Map & form available at: <http://www.ct.gov/dep/endangeredspecies>

When submitting this request for authorization, please include copies of any correspondence to or from the CT NDDDB staff, including copies of the completed Review Request Form, any field surveys, and any other information which may lead you to believe that endangered or threatened species may or may not be located in the area of your subject activity, as Attachment D.

Has a biological field survey been conducted to determine the presence of any endangered, threatened or special concern species? ☐ Yes ☐ No If yes, provide:

Biologist's Name:

Address:

Submit a copy of the field survey with your application as *Attachment D*.

7. Floodplain Management.

- a. Does the subject activity involve permanent or temporary placement of fill or an above-ground structure in a floodplain? ☐ Yes ☐ No

If yes, and the requester is *not an agency of the State of Connecticut*, submit, as *Attachment E*, the certification by a licensed engineer, together with the hydraulic analysis in support thereof, that such fill or above-ground structure is designed in accordance with accepted engineering practices and conforms to the applicable flood management standards and criteria under 44CFR Chapter 1, Part 59 through 79, inclusive, and the standards for flood-proofing of structures established in RCSA section 25-68h-2.

- b. If the requester has a Flood Management Certification for the subject activity, provide the certification number:

Part IV: Site Information (continued)

8. Stream Channel Encroachment Lines

Does the subject activity take place riverward of a Stream Channel Encroachment Line?

☐ Yes ☐ No

9. Existing Conditions

a. Describe the present use(s) of the property on which the subject activity is proposed.

☐ Check here if additional sheets are attached to this page.

b. Describe all natural and man-made features including wetlands, watercourses, fish and wildlife habitat, floodplains and any existing structures potentially affected by the subject activity. Such features should be depicted on the site plan (*Attachment B*).

☐ Check here if additional sheets are attached to this page.

Part V: Project Summary

1. Regulated Activity

Describe the diversion, which is the subject of this request including the name, location, purpose, and general method of operation; and means for withdrawing, storing, distributing, and discharging water associated with the proposed diversion.

☐ Check here if additional sheets are attached to this page.

Part V: Project Summary (continued)

2. Rate, Quantity and Frequency of Diversion *(attach additional sheets if more than one diversion)*

- a. Name of diversion or transfer structure(s):
- b. Maximum daily withdrawal or transfer: gallons
(largest volume of water withdrawn in any 24-hour period)
- c. Maximum rate of withdrawal or transfer: cubic feet per second or gallons per minute
- d. Maximum Month - Average daily withdrawal or transfer: gallons
(total volume diverted ÷ no. of days the diversion is operated during the peak use calendar month).
- e. Frequency of withdrawals or transfers: hours/day days/week days/year
- f. If diversion is operated seasonally, provide dates diversion will be used during a typical year.

Starting:

Ending:

☐ Check here if additional sheets are attached to this page.

3. Water Use

- a. Percent of diverted water that will be consumed or lost: %
- b. Percent of diverted water that will be discharged after use: %
 - i. Percent discharged to sewage treatment plant: %
Name of treatment plant:
 - ii. Percent discharged to a watercourse: %
Name of watercourse:
 - iii. Percent discharged to groundwater: %
- c. Depict the location of the sewage treatment plant or discharge to the watercourse on the location map *(Attachment A)* or site plan *(Attachment B)*.

4. Other Consumptive Uses

Provide the following information on each consumptive use located within 2000 feet of the subject diversion:

Consumptive Use/ Type	Owner	Withdrawal (gallons/day)	Water Use
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Any consumptive use listed above must be depicted on the location map and/or site plan included in this request as *Attachment A* or *B*, respectively.

Part V: Project Summary (continued)

5. Withdrawal of up to 250,000 gpd - Surface Water / Stratified Drift Aquifer

If the subject diversion is a withdrawal of water as described in Section 3(a)(1) of the *General Permit for Diversion of Water For Consumptive Use: Authorization Required Categories*, provide the following information:

- a. "Area of Influence" - provide the information specified in Section 4(c)(2)(A)(xvi) of the *General Permit for Diversion of Water For Consumptive Use: Authorization Required Categories*, as *Attachment G*.

NOTE: Plans for delineating an area of influence should be proposed to the IWRD **prior to the submittal of your *Request for Authorization***.

- b. The 99 percent durational flow of the surface water from which such withdrawal will be made or of any surface water within the area of influence of the subject well.
Durational flow: cubic feet per second Name of surface water:
- c. Describe the method used to derive such flow in the space below and provide a copy of the calculations as *Attachment H*. Such flow should be calculated using methodologies published in the *Connecticut Water Resources Bulletin No. 34* or other method acceptable to the commissioner. However, where available, the preferred method shall be statistical determinations and regression equations as developed by the U.S. Geological Service.
- d. A well completion report, including well depth, a description of the earth materials penetrated (i.e. peat, silt, sand, gravel, clay) and yield test results, as *Attachment I*.

6. Withdrawal of up to 250,000 gallons per day – Bedrock Aquifer

If the subject diversion is a withdrawal of water as described in Section 3(a)(2) of the *General Permit for Diversion of Water For Consumptive Use: Authorization Required Categories*, provide the following information:

- a. Provide the information specified in Section 4(c)(2)(A)(xvii) of the *General Permit for Diversion of Water For Consumptive Use: Authorization Required Categories*, as *Attachment G*.

NOTE: a pump test plan should be proposed to the IWRD **prior to the submittal of your *Request for Authorization***.

- b. A well completion report, including well depth, a description of the earth materials penetrated (i.e. peat, silt, sand, gravel, clay) and yield test results, as *Attachment I*.

7. Interconnection and Transfer of Up to 1,000,000 gallons per day

If the subject diversion is a withdrawal of water as described in Section 3(a)(3) of the *General Permit for Diversion of Water For Consumptive Use: Authorization Required Categories*, provide the following information:

- a. Provide a copy of an approved water supply plan or coordinated water system plan as described in Section 3(a)(3) of the *General Permit for Diversion of Water For Consumptive Use: Authorization Required Categories* as *Attachment J*.
- b. Diversion registration or permit number(s) of the relevant water supply source(s):

Part V: Project Summary (continued)

8. Water Companies

If the requester is a water company, provide the date such water company's water conservation and water supply emergency contingency plans were approved by the Department of Public Health:

Date of approval:

9. Fill in Wetlands / Watercourses

Does the subject activity involve placement of fill material in a wetland or watercourse?

☐ Yes ☐ No

(all such activities must be depicted on the site plan included as *Attachment B*)

If yes, complete items a-g.

- a. Volume of proposed fill: cubic yards
- b. Physical / chemical fill characteristics:

- c. Area of proposed fill: acres
- d. Volume of proposed excavation: cubic yards
- e. Area of proposed excavation: acres
- f. Area of any clearing, grubbing of land, or other alteration of the land: acres
- g. Describe the volume and area of any *temporary* fill, the purpose of such fill, and when it will be removed.

10. Pollution Prevention and Best Management Practices

Describe any pollution prevention and best management practices that will be implemented during the design, construction and operation of the proposed activity to: conform with DEP's *Best Management for Golf Course Water Use*, minimize soil erosion and control sedimentation; maintain an uninterrupted stream flow; prevent flooding; avoid adverse impacts to adjacent wells; avoid adverse impacts to fish and wildlife, particularly endangered or threatened species listed or identified by any federal or state governmental agency; minimize disturbance and pollution of floodplains, wetlands, and watercourses; or minimize other potential environmental damage. Where possible, any such practices should be included on the site plan (*Attachment B*).

☐ Check here if additional sheets are attached to this page.

Part VI: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been submitted with this *Request for Authorization Form*. When submitting any supporting documents, please label the documents as indicated in this part (e.g., *Attachment A, Location Map*, etc.) and be sure to include the requester's name as indicated on the *Permit Application Transmittal Form*.

- ☐ Attachment A: Location Map: please review Section 4(c)(2)(A)(xii) of the General Permit for Diversion of Water for Consumptive Use.
- ☐ Attachment B: Site Plan: please review Section 4(c)(2)(A)(xiii) of the General Permit for Diversion of Water for Consumptive Use.
- ☐ Attachment C: *Coastal Consistency Review Form* (DEP-APP-004), if applicable
- ☐ Attachment D: A copy of the NDDB Review Request Form (DEP-APP-007) and the NDDB response thereto, and any biologist's report on endangered, threatened or special concern species, if applicable.
- ☐ Attachment E: For activities located in a floodplain: please review Section 4(c)(2)(A)(xv) of the General Permit for Diversion of Water for Consumptive Use.

For guidance, please refer to *Model Hydraulic Analysis, Supplemental Guidelines for Preparing Hydraulic Analyses in Permit Applications Submitted to the Inland Water Resources Division* (DEP-IWRD-GUID-001, Rev. 02/13/02).
- ☐ Attachment F: For activities located in or near Aquifer Protection Areas: please review Section 4(c)(2)(A)(xvi) of the General Permit for Diversion of Water for Consumptive Use "Authorization Required Only".
- ☐ Attachment G: Area of Influence or Aquifer Pump Test
- ☐ Attachment H: Low Flow Calculations
- ☐ Attachment I: Well Completion Report
- ☐ Attachment J: Water Supply Plan or Coordinated Plan
- ☐ Attachment K: Other information provided by requester (list):

Part VII: Copy of Application Form to Municipal Agencies

You must submit a complete copy of your request for authorization to the municipal wetlands agency, zoning commission, planning commission or combined planning and zoning commission, and conservation commission of each municipality that is, or may be, affected by the subject activity. Enter the names and addresses of the municipal agencies that were provided a complete copy of your request for authorization, including all of its attachments, the date such copy was submitted ("Date of Service"), and the type of service (check one). Note: the department will not authorize your proposed activity until thirty five (35) days after the date of your service to the municipal agencies.

Wetlands Agency:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:

☐

First class mail

☐

Certified mail

☐

Hand delivery

Conservation Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:

☐

First class mail

☐

Certified mail

☐

Hand delivery

Planning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:

☐

First class mail

☐

Certified mail

☐

Hand delivery

Zoning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:

☐

First class mail

☐

Certified mail

☐

Hand delivery

Combined Planning and Zoning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:

☐

First class mail

☐

Certified mail

☐

Hand delivery

☐ Check this box if the agencies of another municipality were served a copy of this request for authorization and attach to this page additional sheets listing the agency names and addresses where a copy of the request was mailed or delivered, the date of such service and the type of service used.

Part VIII: Requester Certification

The requester *and* the individual(s) responsible for actually preparing the request for authorization must complete this section. A request for authorization will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I certify that this request for authorization is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I certify that a complete copy of this request for authorization, including all documents attached thereto, was sent by regular or certified mail or was hand delivered to the municipal wetlands agency, zoning commission, planning commission or combined planning and zoning commission, and conservation commission of each municipality which is or may be affected by the subject activity.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

Signature of Requestor

Date

Name of Requestor (print or type)

Title (if applicable)

Signature of Preparer

Date

Name of Preparer (print or type)

Title (if applicable)

☐ Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Note: Please submit the total general permit fee, the original application form, **five copies** of your completed *Permit Application Transmittal Form* and *Request for Authorization Form*, and all attached documents to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

And submit one complete copy of your completed *Request for Authorization Form* and all documents attached to and a part thereof to each municipal agency listed in Part VII of this form.